

Document type: Guide
Document category: Training
Date established: 2014
Date last reviewed: 2014



**College of Intensive Care Medicine
of Australia and New Zealand**

Guide to CICM Training: Trainees

Contents

About this Guide	4
What is the Purpose of this Guide?	4
Conventions used Throughout this Guide	4
Introduction	5
Welcome to the College of Intensive Care Medicine (CICM)	5
About the CICM Training Program	5
Broad Aims of the CICM Training Program	5
Competencies	6
Overview of the Training Program	7
General Intensive Care Medicine	7
Paediatric Intensive Care Medicine	7
Training Time	8
Foundation Training (6 months)	8
Core Training (24 months).....	8
Transition Training (12 months)	8
Anaesthesia (12 months).....	8
Medicine (12 months).....	8
Elective Training (6 months)	9
Required clinical experience during training	9
Sub specialities	9
Paediatric experience.....	9
Rural Experience (3 months minimum).....	9
Approval of Training	10
Interrupted Training.....	10
Overseas Training Experience	10
Part-Time Training	10
Research	10
Assessment Processes and Requirements	11
Examinations.....	11
The First Part Examination	11
Exemption for the First Part Examination.....	11
The Second Part Examination (General and Paediatric)	12
Workplace Based Assessment (WBA).....	12
Objectives of the WBA Process	12
Online In-Training Evaluation Report (ITER)	12
Formative Self-Assessment by Trainees.....	13
Workplace Competency Assessment (WCA)	13
Observed Clinical Encounter (OCE)	14

Courses	14
Formal Project	15
How do I get the most out of the Training Program?	16
Factors underpinning successful learning for trainees	16
Characteristics of Successful Learners in the Clinical Environment	16
Willingness	16
Professionalism	16
Personal Attributes	17
Communication and Interaction.....	17
Knowledge, Understanding and Skills	17
Characteristics that Differentiate Successful from Unsuccessful Students	18
Giving and Receiving Feedback.....	19
Tips for Receiving Feedback	20
Tips for Giving Effective Feedback	21
Trainee Welfare	21
Overview	21
Professional	21
Academic	22
Administrative	22
Career	22
Personal	22
Family Needs	22
Illness and disability	22
Experiencing Difficulties During Training.....	22
Difficulties with Examinations.....	23

About this Guide

This guide has been developed for registered trainees of the College of Intensive Care Medicine of Australia and New Zealand.

What is the Purpose of this Guide?

This training guide is designed to:

- assist you as you progress through your training
- provide answers to questions that may arise during training
- provide contact details of relevant individuals and organisations

Conventions used Throughout this Guide



Hyperlink to a website or document



Frequently asked question



Important note

Introduction

Welcome to the College of Intensive Care Medicine (CICM)

As a trainee of the CICM you have elected to participate in a demanding and rigorous training program. Success in your training requirements will allow you to graduate as a Fellow of the College of Intensive Care Medicine (FCICM).

Before this can occur there is a great deal for you to achieve. While you will receive lots of support, and have access to a number of excellent resources, the responsibility for your learning rests with you. You are encouraged to make use of all the training and educational opportunities that are available.

Information contained within the guide is correct at the time of publication. However, due to the constant updating and modification of regulations, professional documents and procedures within the College, some information will change with time. Hence the guide will be updated periodically. You are therefore advised to check with the College before making any decision that may affect your training.

About the CICM Training Program

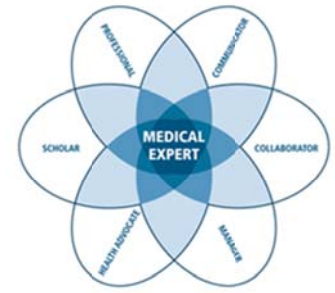
Broad Aims of the CICM Training Program

During your time as a CICM trainee you will:

1. Acquire such knowledge, problem solving ability, practical skills and attitudes appropriate for the safe and effective practice of intensive care medicine. This extends to patients, equipment and the intensive care environment.
2. Develop the ability to respond rapidly and appropriately to life threatening problems and establish the priorities of management.
3. Be able to act appropriately as a member or leader of a team.
4. Acquire knowledge in those aspects of medicine, surgery, paediatrics, obstetrics, anaesthesia and other disciplines, which are relevant to the practice of intensive care medicine.
5. Develop the ethic that the patient's welfare always takes precedence in the event of medical, political or ethical conflicts.
6. Provide patients with the best possible care considering available resources.
7. Learn to identify and modify the stresses which the intensive care environment places upon the patients, their relatives and hospital staff.
8. Participate in the processes of clinical audit and quality improvement activities.
9. Enquire into clinical and scientific problems, adopting systematic and critical appraisal of available information.
10. Contribute to the education of medical, nursing and paramedical staff.
11. Develop a process of regular self-assessment so that limitations can be identified and deficiencies corrected.
12. Be aware of current College policies on professional issues and act in ways consistent with these policies.

Competencies

The competencies to be achieved cover the various roles of a medical specialist. These are based on the CanMeds Framework which defines the seven domains of medical practice; Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional. All aspects of the program (learning, teaching, training and assessment) are aligned with this framework to ensure that the educational program is comprehensive and properly focused.



 ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA | CANMEDS



[More information about the framework can be found by visiting the Royal College of Physicians and Surgeons of Canada website.](#)

The detailed competencies for intensive care training are contained in the following document:



The Competencies, Teaching, Learning Opportunities and Assessments for Training in General Intensive Care Medicine.

Overview of the Training Program

The training program in intensive care medicine is a minimum of six years, with prescribed terms in intensive care units, anaesthetics and medicine.

General Intensive Care Medicine

There are 42 months of Intensive Care Medicine training time; consisting of

- 6 months Foundation training (pre-registration)
- 24 months of Core intensive care medicine training
- 12 months of Transition training.

Trainees must complete terms in units that are accredited for and provide adequate experience in each of the following:

- Cardiothoracic surgery intensive care
- Neurological / Neurosurgery intensive care
- Trauma intensive care

Additional training includes:

- 12 months of anaesthesia
- 12 months of medicine (including 6 months emergency/acute medicine)
- 6 months of elective

Trainees are also required to complete:

- 3 months in a rural hospital and
- a term in paediatrics in a unit approved for paediatric training

Paediatric Intensive Care Medicine

There are 42 months of Intensive Care Medicine training time; consisting of

- 6 months Foundation training (pre-registration)
- 24 months of Core intensive care medicine training (18 months of which must be undertaken in paediatric intensive care)
- 12 months of Transition training

Trainees must complete terms in units that are accredited for and provide adequate experience in each of the following:

- Paediatric cardiothoracic surgery intensive care
- Paediatric neurological / neurosurgery intensive care
- Paediatric trauma intensive care

Additional training includes:

- 12 months of anaesthesia
- 12 months of paediatric medicine (including 6 months emergency/acute medicine)
- 6 months of elective

Trainees are also required to complete 3 months in a rural hospital.



For further details refer to CICM Regulation 5.

Training Time

Foundation Training (6 months)

This 6 month term provides a foundational experience in intensive care medicine and is undertaken in units approved by the College and will be completed prior to entry into the training program.

Core Training (24 months)

Entry into Core Training is dependent upon satisfactory completion of the CICM First Part Examination (unless exempted). Core training consists of training in units approved by the College. Of these 24 months, at least 12 months must be continuous and undertaken on one campus.

Transition Training (12 months)

All trainees must spend their final year of training in an intensive care unit approved by the College.

- Entry into the Transition Year requires successful completion of the CICM Second Part Examination in either General or Paediatric intensive care medicine and all other assessment tasks during Core intensive care medicine training, anaesthetics and medicine.
- Trainees must have submitted their Formal Project for assessment prior to commencing the Transition Year.
- Transition training must be continuous and undertaken in one unit.



For full details refer to the Transition Year Objectives available on the College website.

Anaesthesia (12 months)

Training in clinical anaesthesia consists of 12 months undertaken in anaesthesia positions approved by the College. During this training you will acquire knowledge and skills in those aspects of anaesthesia and peri-operative management that are relevant to the practice of an intensivist.



[For further details on the objectives of anaesthesia training, refer to **Objectives of Training – The Anaesthesia Term**. Further information on anaesthetic training as part of the ANZCA curriculum can be found on the ANZCA website.](#)

Medicine (12 months)

Clinical medicine training consists of 12 months undertaken in positions approved by the College. Six months must be in acute medicine (e.g. Emergency) and six months with responsibility for longitudinal care of medical patients. It is not expected that this period of training will provide you with experience in, or knowledge of, all medical conditions.



For complete details on the objectives on clinical medicine training, refer to Objectives of Training – The Medicine Term available on the College website.

Elective Training (6 months)

Trainees are required to undertake an elective period of six months in a position approved by the College for training in one of the following disciplines:

- Intensive care medicine
- Clinical anaesthesia
- General medicine (adult and paediatric)
- Specialist medicine
- Emergency medicine
- Surgery
- Pain medicine
- Research
- Other disciplines related to intensive care medicine.

Required clinical experience during training

Sub specialities

Trainees must complete terms in intensive care units that are accredited for and provide adequate experience in the following;

- Cardiothoracic surgery intensive care
- Neurological/neurosurgery intensive care
- Trauma intensive care

Paediatric experience

Trainees in general intensive care medicine are required to gain experience in paediatrics by completing any of the following:

- 6 month term in an accredited Paediatric intensive Care unit
- 6 months in a general ICU with > 100 children admitted per year
- 12 months in a general ICU with > 50 children admitted per year
- 6 months Acute Paediatric Medicine
- 6 months Paediatric Anaesthesia
- 6 months Paediatric Emergency
- 6 months Mixed Emergency with a minimum number of paediatric presentations

Rural Experience (3 months minimum)

Trainees must spend at least 3 months in a rural hospital in any approved discipline during training. This requirement may be retrospectively approved.

Approval of Training

All training must be approved by the College. For training to be approved, registered trainees must submit an Application for Approval of Vocational Training (AVT) form to the College whenever taking up an appointment. Such information must be submitted to the College office within 30 days of commencing the appointment.

Trainees may apply for retrospective approval of previous training in anaesthetics, medicine and elective training. Core intensive care training and Transition Year training must be prospectively approved.



Applications must be lodged via the CICM members portal.

Interrupted Training

Regulation 5.9 in the College Regulations covers this issue. Extended periods of interrupted training may require additional training time to be undertaken.

Overseas Training Experience

At least two years of the total program must be spent in approved posts in Australia, New Zealand, or Hong Kong. However, normally most of the training time will be spent in Australian or New Zealand posts. When a local graduate wants to spend training time overseas prospective approval must be obtained from the Censor. This should be sought well in advance of the appointment.

Part-Time Training

Part-time training can take place at any time under the rules set out in Regulation 5.6. The training must comprise a minimum of 0.4 of the commitment of a full time trainee, including both in-hours and out-of-hours duties.

Research

The College encourages research by trainees and may allow time spent in research to count towards elective training. Prior approval from the Censor is necessary for any significant period which alters the nature of normal clinical duties. A designated supervisor of the research is necessary. This supervisor must report on the outcome of the trainee's participation. Some trainees have worked towards research degrees such as MD and PhD concurrently with their intensive care training.

Assessment Processes and Requirements

Contemporary approaches to assessment in medical education emphasise a programmatic approach where multiple measures of trainees' knowledge, skill and abilities over time are aggregated to inform judgements about progress.

Educational research has demonstrated that assessment (linked to feedback and reflection) is the contextual factor which most strongly influences learning.



With this in mind, assessment throughout your training program has four main components:

1. Examinations:
 - The First Part Examination
 - The Second Part Examination
2. A number of Workplace Based Assessments (WBAs)
3. Assessment within required courses
4. Formal Project

Examinations

The First Part Examination

The First Part Examination is a written and oral test of knowledge and understanding of the basic sciences applied to the clinical practice of intensive care medicine. The First Part Examination is held twice each year.

To be eligible to present for the First Part Examination, candidates must:

- be a registered trainee with the College
- have submitted full documentation
- have paid the appropriate registration fees



Intensive care medicine covers a wide range of disciplines and candidates should carefully consult the First Part Examination Syllabus on the College website.

Exemption for the First Part Examination

Candidates who meet one of the following criteria may qualify for an exemption from the CICM First Part examination:

- Successful completion of Fellowship with the ANZCA, ACEM or RACP
- Trainees who have completed an equivalent training and examinations program (for example by other Colleges overseas) may also be considered for exemption by the Censor.
- Trainees undertaking a training program with another College and who have completed the First or Primary component of that program may be granted conditional entry into CICM Core Training (ie exemption from the First Part exam). However conditional Core

Training will only be ratified on completion of the other College's training program including award of Fellowship.

The Second Part Examination (General and Paediatric)

The Second Part Examination comprises written and oral sections covering the theory and practice of intensive care medicine, including relevant aspects of the basic sciences, anaesthesia and clinical medicine. The General Second Part Examination is held twice each year and the Paediatric Second Part Examination is held once a year.

Candidates presenting for the Second Part Examination must have satisfactorily completed:

- at least one year of Core Training in intensive care medicine
- two Observed Clinical Encounters (OCE) for each six months of Core Training

These requirements must be satisfied by the date on which the written section of the examination commences.



Full details on the First Part Examination and the Second Part Examination are on the website.

Workplace Based Assessment (WBA)

WBA's form an essential component of the assessment system to complement the formal written and oral examinations. This combination of assessment approaches will enable a more comprehensive assessment of skills, knowledge and behaviours.

The assessment process follows current assessment theory, is blueprinted to the curriculum, competency based and continuous.

Objectives of the WBA Process

The objectives of the WBA process are to:

- provide a basis for feedback of strengths and areas of clinical practice requiring improvement
- develop skills of self-evaluation and reflective practice
- facilitate the development of strategies to improve performance
- monitor and record progress within and across clinical terms
- provide ongoing formative feedback to inform subsequent learning activities

Overall the assessment process aims to encourage reflection and the development of self-directed and self-managed lifelong learning.

Online In-Training Evaluation Report (ITER)

The ITER is an invaluable assessment tool that facilitates the ongoing education of trainees. It complements other methods of evaluation, such as the examinations.

The ITER covers seven domains of intensive care practice: medical (clinical) expert, communicator, collaborator, manager, health advocate, scholar and professional. These domains of practice are based on the CanMeds standards. There are 23 items spread across the seven domains.

Each item has a list of performance indicators which provide examples of observable behaviours that indicate competency for each particular item. Supervisors will use these and other relevant examples to provide feedback on the behaviours they are looking for as evidence of competence on a particular item.

The ITER is a joint process of evaluation and goal setting between trainee and supervisor and requires active participation by both parties. The ITER offers the opportunity for prospective goal setting for trainees and for a review of any relevant matters related to previous terms. The process is a collaborative one between supervisor and trainee.

At the end of each six month period of training, Supervisors in conjunction with their colleagues will submit a completed ITER to the College. Completed ITER's are required to be submitted for every approved term of training, including anaesthetics, medicine and elective training. Trainees are encouraged to complete an ITER with their Supervisor at the mid-point of each six month term as part of the formative process. This ITER is not required to be submitted to the College.

Formative Self-Assessment by Trainees

Unless you develop the capacity to make judgments about your own learning you cannot be effective learners now or in the future. To foster active involvement, you are required to '**self-assess**' using the ITER form and discuss discrepancies or similarities when self-assessment is compared to the assessment of your supervisor. Observation of differences provides opportunities for discussion and a path towards consensus about specific expectations and strategies for achieving this.



An example of an In Training Evaluation Report form and a user guide is available on the College website.

Workplace Competency Assessment (WCA)

The WCA's have been developed to provide specific feedback and assessment based on direct observation of key procedural skills. In total there are seven WCA's to be successfully completed prior to entry into the Transition Year. Each WCA can be signed off by any Fellow of CICM.

- Central venous catheter insertion
- Ventilator set-up
- Brain death certification
- Inter-costal catheter insertion
- Communication (x2)
- Tracheostomy

To be assessed as competent in each WCA, you must demonstrate adequate knowledge, skill and behaviour in all of the performance indicators related to the WCA.



The WCA forms are available in the CICM members portal.

Observed Clinical Encounter (OCE)

The OCE provides Supervisors with a structured assessment and feedback format for the relevant clinical knowledge (including reasoning and understanding), skills (technical and non-technical) and behaviours related to a trainee's management of a single clinical case. You should regularly perform structured examinations under observation by your supervisor or other Fellow of CICM with the goal of improving your clinical knowledge and skills.

You are required to satisfactorily complete and submit two OCE's for each six months of Core Training.

To achieve a satisfactory standard you are required to;

- perform an appropriate clinical assessment of a critically ill patient
- present your clinical findings to your assessor with an appropriate discussion of relevant management issues (suggested time = 20 minutes)

Feedback is an important aspect of the process. An additional ten minutes should be set aside to allow for relevant discussion regarding the clinical scenario and your performance. It is important to note that obtaining a satisfactory assessment may often mean you will undertake more than one clinical assessment. Additionally to ensure competency in a broad area of intensive care medicine, submitted OCEs should focus on different organ systems;

- Cardiovascular
- Respiratory
- Neurological
- Renal
- Gastrointestinal
- Haematological
- Trauma
- Extra-mural care



The OCE form is available in the CICM members portal.

Courses

To supplement clinically based learning and ensure all aspects of competency required of an intensivist are covered, you are required to complete specified face to face and online courses. Completion of these courses is staged across the six years of training and aligned with the development of competencies required.



Refer to the Required Courses document available on the College website.

Formal Project

Trainees are required to complete a Formal Project. The report must be based on a project in which you have participated to a significant extent. Examples of possible projects include (but are not limited to):

- A quality assurance audit or a quality improvement project with a 'before and after' evaluation as for a typical 'Plan, Do, Study, Act' iterative quality cycle.
- An observational study reviewing an aspect of practice or the management of a group of patients. Such case series could be conducted prospectively or retrospectively.
- A prospective scientific study. This might entail a randomised or pseudo randomised evaluation of a treatment or a process. Other possibilities include a before and after evaluation of the introduction of a new treatment or process.
- A study of a particular aspect of management of patients involved in a multi-centered trial. This will likely require the assent of the principal investigator for the study.
- A systematic review of the literature pertaining to a clinically relevant subject.

Careful planning prior to the commencement of the project will maximise the likelihood of success. One of the duties of the supervisor is to provide advice, supervision and support for trainees planning, executing and presenting the Formal Project. Your supervisor also has the responsibility to critically review the final manuscript to ensure its suitability for submission.



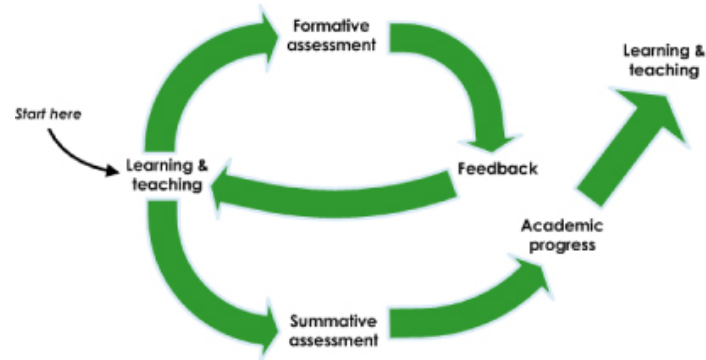
Note: Your Formal Project must be submitted before you can commence Transition training.



Full details on the Formal Project Requirements are available on the College website.

How do I get the most out of the Training Program?

Factors underpinning successful learning for trainees



Characteristics of Successful Learners in the Clinical Environment

In the clinical setting successful learning depends on a collaborative relationship between the trainee and their educators. The onus for creating effective and successful relationships during clinical learning is the responsibility of both the trainee and supervisors.

From the literature of health professional education a range of characteristics required for successful learning have been identified. It is important to note that the key characteristics are not possession of adequate knowledge, skills or understanding but rather a willingness to learn, seek out feedback and learning opportunities, complete tasks, effective communication and interaction with others and taking responsibility for learning.

In order of priority the characteristics and associated behaviours were as follows:

Willingness

Trainee is willing to:

- seek and act on feedback
- work as a team member with peers, colleagues and other health professionals
- ask questions and clarify to ensure understanding
- try new techniques
- discuss and exchange ideas to maximise patient care
- complete all tasks requested of them
- take responsibility for their own learning
- self-reflect and evaluate

Professionalism

The trainee:

- respectfully engages with people from a wide range of cultures and backgrounds
- is prepared to learn
- maintains an appropriate appearance, is punctual, and has a clear understanding of their role
- complies with professional matters such as confidentiality, ethical and legal requirements
- maintains appropriate professional boundaries
- has a self-awareness of own limitations and is honest about their current level of knowledge and skills

Personal Attributes

The trainee:

- has an internal locus of control (i.e. they believe that events in their life derive primarily from their own actions rather than blaming external factors)
- demonstrates enthusiasm and interest in their work
- is able to manage stress levels
- demonstrates a desire to learn
- is polite, helpful, self-directed, proactive, curious and asks questions
- is sensitive and empathetic to patient and family's needs and concerns

Communication and Interaction

The trainee:

- communicates professionally with members of the health team
- demonstrates respectful and non-judgemental communication
- demonstrates effective written and verbal communication skills
- appreciates non-verbal communication
- has the capacity to adjust their communication style to meet the needs of the audience be they colleagues, patients, or others

Knowledge, Understanding and Skills

The trainee:

- demonstrates basic knowledge relevant to clinical area (including basic sciences and key features of common conditions)
- is able to access information when a gap in knowledge or need for further knowledge is identified
- is able to access and apply knowledge to clinical situations
- demonstrates effective organisational skills
- demonstrates effective problem solving skills

(Chipchase et al 2012)

Characteristics that Differentiate Successful from Unsuccessful Students

Looking at successful and unsuccessful students together, three categories describing these two types of students seemed to be opposites of each other: communication, preparation, and functioning in the clinical area.

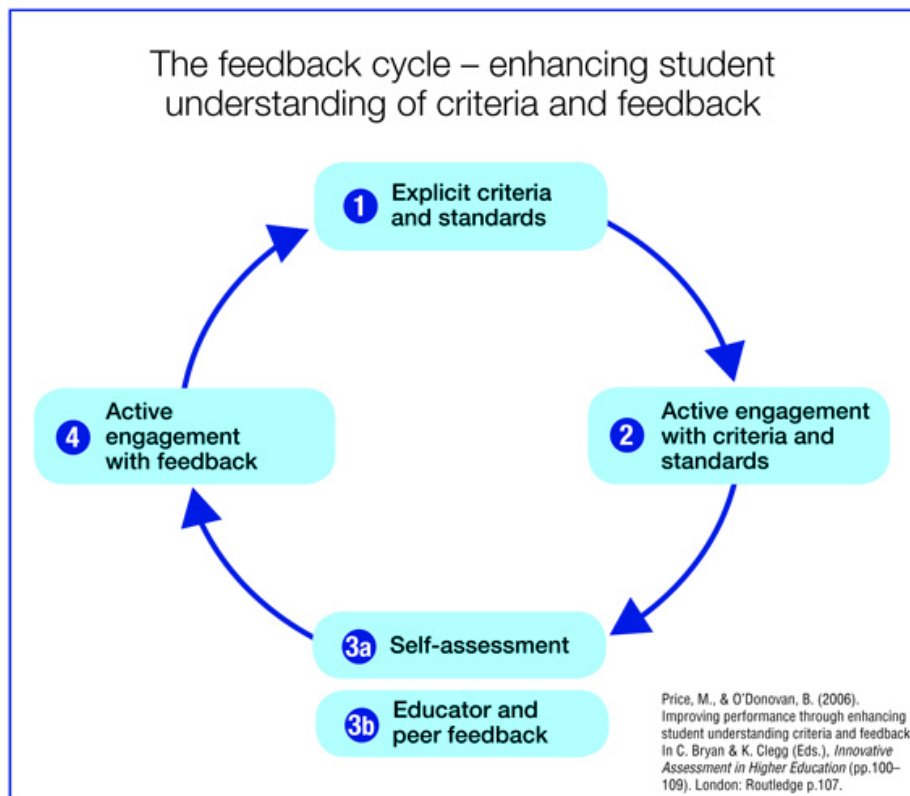
Communication. Successful students could build relationships and communicate with faculty, staff, patients, and peers. Unsuccessful students had difficulty communicating with patients, faculty, peers, and clinical staff.

Preparation for the Clinical Experience and Use of Feedback. Successful students were prepared for the clinical experience. They showed progress, accepted feedback, and adapted easily in the clinical experience. Unsuccessful students were not prepared and did not show improvement.

Functioning in the Clinical Area. Successful students could think critically, integrating theory into clinical experiences, developing a plan of care for patients, and providing safe care. Unsuccessful students could not function in the fast-paced clinical environment. Successful students had a positive attitude with an eagerness to learn. Unsuccessful students jeopardized patient safety, committed legal-ethical violations and their attitudes to learning were often criticised by their supervisors.

(Chipchase et al 2012; Lewallen and DeBrew 2012)

Giving and Receiving Feedback



component to learning and changing performance, it is appropriate to understand how to effectively give and receive feedback.

Effective feedback answers 3 questions:

1. *Where am I going? (the goals)* **FEED UP** ↑
2. *How am I going?* **FEED BACK** ←
3. *Where to next?* **FEED FORWARD** →

When you receive feedback, be prepared that it is often uncomfortable but if you proactively engage in the process the outcome will be positive.

“If learners are provided with information that they have to wrestle with, reflect on, experiment with, this can act as a potent stimulus for learning and for reconsidering new ways of knowing and doing”

(Molloy, Borrell-Carrió, Epstein 2013 p. 51)

Since feedback is the key

Tips for Receiving Feedback

Listen candidly: This means not interrupting. Hear the person out, and listen to what they are really saying, not what you assume they are going to say. You can absorb more information if you are concentrating on listening and understanding than if you are being defensive and focusing on your response.

Be open: This means being receptive to new ideas and different opinions. Often, there is more than one way of doing something, and other people may have a completely different viewpoint on a topic. Remain open, and you may learn something worthwhile. You don't have to believe it or act on it, but you must listen openly.

Be aware of your non-verbal responses: Your body language and tone of voice can speak louder than words. Looking distracted and bored sends a negative message and can create unnecessary barriers. Attentiveness, on the other hand, indicates that you value what someone has to say, and puts both of you at ease.

Know what you want: alert your feedback sources (your SOT and others) to the specific feedback you want.

Place clear boundaries around the feedback: Let people know what you want and how much feedback you want to hear at one time. If you fail to define precisely what you want, you run the risk of hearing too much. Once that happens, it's easy to get defensive.

Clarify detail and ask for specifics: Ask questions to make sure you understand. "I'd like to understand what behaviours you saw so that I can better understand what to do differently next time."

Be accepting: Accept the impact of your behaviour as reality for the other person. You don't have to agree with it.

Focus on the future: Ask for specific advice on what to do differently and what to repeat going forward. Agree on an action plan.

Reflect and decide what to do: Take time to reflect on the feedback and consider the consequences of using it or ignoring it, and then decide what you want to do.

Follow up: There are many ways to follow up on feedback. Sometimes, your follow-up will simply be to implement the suggestions you've been given. In other situations, you might want to set up another meeting to discuss the feedback or to request your supervisor to review your performance in another similar situation.

Ask for feedback early and often: Giving effective feedback takes time and isn't often at the front of people's minds. We know that it's easier to respond to feedback early when you have an opportunity to change something. As the person receiving feedback, it often helps to invite people to give you feedback as this alleviates the fear most people have when giving feedback.

Tips for Giving Effective Feedback

1. Invite the person you are giving feedback to, to self-evaluate (may need further probing-ask for examples)
2. Emphasise decisions and actions rather than assumed intentions
3. Ask learners to summarise key points
4. Clarify or check for shared interpretation of content
5. Encourage learners to record key points gained from the session
6. Be specific: Avoid general comments that may be of limited use to the receiver. Include specific examples to illustrate your statements
7. Be realistic: Feedback should focus on behaviours that can be changed
8. Be timely: Find an appropriate time to communicate your feedback. Being prompt is key because feedback loses its impact if it is delayed too long
9. Negotiate when and where feedback will be discussed
10. Own the feedback: When offering evaluative comments, use the pronoun “I” rather than “they” or “one”, which would imply that your opinion is universally agreed on. Remember that the feedback you provide is merely your opinion
11. Offer continuing support: Feedback should be a continuous process, not a one-time event. After offering feedback, make a conscious effort to follow up

Trainee Welfare

Overview

Training, like many aspects of life, can be exciting and rewarding, but also has its ups and downs. As a trainee you are exposed to numerous sources of stress similar to those encountered by all students. This includes formal assessments, time management issues, information overload, paucity of time for personal relationships and/or recreation, financial and career concerns. Moreover you are also exposed to sources of stress not common to non-medical professionals. These include death and dying, relating to other health professionals and the potential fatal consequences of making a mistake. This is a fertile environment for the generation of problems as well as learning and positive experiences. Problems encountered by trainees typically fall into one of five types; professional, academic, administrative, career and personal.

Professional

Some trainees encounter problems with professional or ethical conduct. To be effective, an intensive care specialist must be able to interrelate successfully with medical staff and colleagues. Patients increasingly and appropriately demand to be treated politely and with consideration. They also expect medical practitioners to be honest, trustworthy and empathic. As a trainee you may require support in these areas. This support may need to extend to professional counselling to enable you to develop appropriate attitudes and conduct themselves in a professional manner. This is particularly true for trainees who are unaware of personal limitations or who have a limited capacity for self-audit. Identification and correction of a problem in this area is of paramount importance as the majority of medico-legal problems have communication difficulties as a basic cause.

Academic

This is perhaps the most obvious problem area for trainees. The academic challenge of the FCICM diploma is high and you are encouraged to seek out avenues of support. You can seek out advice and feedback on exam preparation, study skills, time management and elective periods of study even though you may have addressed these issues during your medical course. It is important for you to realise that no single individual is ideally placed to undertake all the above and thus it is important to identify suitable personnel to assist in these areas.

Administrative

Trainees often encounter problems of a “when”, “who”, “where”, “what” or “how” nature relating to the administrative aspects of their department, hospital or College. Although these questions may seem trivial to non-trainees they are often the cause of considerable unnecessary angst. Fortunately they are also among those most easy to address and the supervisor should be consulted in the first instance.

Career

The wise trainee will seek guidance about their career path. Supervisors, HODs, other Specialist Intensivists and trainees are potentially useful sources of career information.

Personal

Personal problems can have an enormous impact on your overall performance during your clinical rotations. Relationship difficulties, financial worries, accommodation concerns and interpersonal conflicts are just some of the many problems that may arise. These problems must also be dealt with urgently in a sensitive and confidential manner. You are encouraged to seek assistance with these (and all) problems from supervisors and other appropriate personnel.

Family Needs

A number of trainees seek help with the planning of parental leave. The College aims to be as flexible as is possible within the Regulations governing training and will do all that it can to minimise disruptions to training. It is usually possible to give prospective approval to proposals for parental leave. On occasions there may need to be late changes to plans because of individual circumstances before and after the birth. Trainees are encouraged to discuss their circumstances with the College as early as possible.

Illness and disability

If you are ill or unable to continue studying, the College will assess this on an individual basis with the intention of minimising its effect on training. Supervisors should be aware of document ‘Examination Candidates Suffering from Illness, Accident or Disability (Section 5)’.



More details are available in the Policy Document IC-5 ‘Guidelines on the Health of Specialists and Trainees’.

Experiencing Difficulties During Training

Should a trainee experience difficulty, they are urged to seek advice early. The primary focus should always be to overcome any difficulty in a supportive, constructive and collaborative manner. It is important for trainees to be aware of what is expected of them at each stage in their training. Difficulties encountered by trainees include difficulties with examinations, clinical performance below expectation, personal or family problems, personality traits and, rarely, substance abuse.

Formal or informal advice is an important component of trainee guidance. Early and effective advice can play an invaluable role in the successful professional development of a trainee. Most trainees will need advice at some time during their training, though some may need more than others. Possible sources of advice may include:

- Supervisor of Training
- A mentor
- A senior member in the department
- The College
- A spouse, partner or family member

It may be appropriate for the trainee to seek professional counselling. Sources may include:

- The trainee's General Practitioner
- An appropriate medical specialist
- A psychologist or psychiatrist
- A cleric or other religious office holder
- A member of the Doctors' Health Advisory Service
- A member of an Alcohol and Drug Dependency Agency
- A medical careers advisor

Trainees who encounter difficulty in clinical or academic areas will usually benefit from specific remedial learning experiences focused upon the area(s) of difficulty. It may be appropriate for either the supervisor or Head of Department to arrange specific learning experiences for trainees. These may be arranged as one-on-one tuition for a trainee or as group learning for several trainees. Difficulties that can be readily addressed in this way may include the acquisition of definite clinical skills, interpersonal skills development, examination presentation, viva practice, etc. It is important for the trainee to be aware that they have a shared responsibility, and a vested interest, in making these experiences effective.

Difficulties with Examinations

Difficulties with the examinations may be an occasion when trainees need specific counselling. The First part examination may be the first major hurdle encountered by many trainees. Educational psychologists can often assist with the coaching of trainees in matters such as optimising performance in a stressful situation. As well, coaching in techniques for the succinct verbal presentation of factual information can be useful for many trainees. Any trainee who has failed an examination on a second presentation would be wise to consider obtaining help with their approach to the examination.



More details are available in the Training Document, "[Guidelines for Assisting Trainees with Difficulties](#)".

Published: 2014

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